

Screening and Referral Services for Hypertension: A Community-Based Intervention in Myanmar

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ABSTRACT

INTRODUCTION: Raised blood pressure (BP) or hypertension (HPT) is the most common condition observed in the population that can lead to cardiac arrest, stroke, renal failure, and death if not detected early and treated appropriately. 36.9% of adult population were never been measured their blood pressure although 26.4% of adult population have detected as raised blood pressure in Myanmar. **OBJECTIVE:** This study aimed to find the undetected case of raised blood pressure or hypertension among over 40 years old population in urban community. **METHODS:** Data collection was carried out by inclusive self-help group members by using mobile data collection Methods named as “KoBo Collect” software and measuring respondents’ blood pressure with standardised BP machine. **RESULTS:** 2362 community members accepted to screen their blood pressure. 18% of screening people were detected as high blood pressure and 34% were undetected. 77.8% in 40-64, 16.7% in 65-79, 5.6% are 80 years and above. **DISCUSSION:** These finding suggest that community-based screening model for Hypertension should be used to get early screening and referral to Health facility for only diagnosis and treatment. By using community-based screening model could be use in primary health care services (1) community members change better health care seeking behaviours by providing awareness. (2) reduce the complications associated with Hypertension by early screening, diagnosis and treatment with minimum cost. (3) enhancing community participation in disease prevention and control activities. (4) reducing workload of primary health care providers in screening and gathering patient data.

KEYWORDS: hypertension, screening, referral, urban community

Self-Rated Health and Disability Among Elderly Migrant: How Does It Differ Across Return and Non-Return Migrants?

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ABSTRACT

INTRODUCTION: Elderly return migrants are failed migrants. Studies show lower education, living alone, depending on social security, and original place was metropolitan cities, and inter-province are characteristic of elderly return migrants. On the other hand, the elderly population, inter-province, and migration experience are negatively associated with health indicators. This study discusses differences in health status and disability between recent elderly return and non-return migrants in Indonesia, controlled by individual characteristic and regional area. **METHODS:** This study used an ordered logit model with sample data of 1916 elderly Indonesian migrants from Indonesian Intercensal Survey (SUPAS) 2015. **RESULTS:** Elderly return migrants were healthier compared to non-return migrant. Return migrants were negatively associated with health complaints, concentration difficulties, communication difficulties and unable to taking care their-self, but it is not significant to have emotional and physical difficulties (seeing, listening, walking/climbing stairs, and using hands/finger). Meanwhile, there were strong positive effects of age (75+years) and financial source (family transfer) on these dependent variables. Higher levels of education and destinations area (Sumatra and Java-Bali) were less likely to have health complaints. The elderly non-return migrants were less likely to be able taking care their-self which appropriate with their reason for moving (following family). **DISCUSSION:** Elderly health care policies could refer to migration patterns (non-return and returns migration), economic characteristics, and destination areas because they were critical objective factors to determine the health status of elderly migrants.

KEYWORDS: elderly migrant, return migrant, health, disable